

Name: _____ **Date:** _____

1. Did you tell someone else about your relapse within 24 hours? _____
Who? _____
2. Was another individual harmed in any way? _____ How? _____

3. Is a law enforcement agency involved? _____
4. Did you notify URAP of your relapse? _____ How long did it take to
do so? _____
5. Is this your first incident of relapse? _____ If no, how many have you
had since entering into your Agreement with URAP? _____

6. What, how much, how often and how long did you use this time?

7. What was your sobriety date? _____
8. What triggered this relapse? Be very specific please _____

9. What was your recovery program after completing your rehabilitation
program? _____

10. What elements of your recovery program might have been neglected
for a few months before your relapse? _____

11. What has this experience taught you? _____

12. What changes to you intend to make in your life in the immediate
future and in the long term _____

13. What consequences would you suggest the Committee impose?

